AGENCY:			ADDR	ESS:							MCO:		DATE:	
	RSON:										CONTACT PER	SON:		
											PHONE:			
CARE COORD	INATOR'S PROV	IDER#		FAX	K BACK #	FOF PNCC:								
MEDICAID #:	·	SS#	<i>t</i> :	LN	MP:	EDC:		INITIAL	E /	, . .	1 ST			2 ND
NAME:				DOB (1	mm/dd/yy):	u u		HV H1000	F/	U	REASSESS H1004	REASSESS F/U	REASSESS H1004	REASSESS F/U
i	HISPANIC: _Y _	N FDI	ICATION			STATUS:		Auth#			Auth#:		Auth#:	
							-							
Phone 1:	Phone 2	<u>;</u>	1		of Reside	ence:		Date:	Date		Date:	Date:	Date:	Date:
Address 1:			Address	2:				Miles	Miles		Miles:	Miles:	Mile:	Mile:
Prenatal Care P	Provider:	Location:			Phone	e:		Wks	Wks		Wks	Wks	Wks	Wks
								Gestation	Gestati	ion	Gestation	Gestation	Gestation	Gestation
PMP		P	hone:		Fax:			PNCC:	PNCC: CHW	:	PNCC: CHW:	PNCC: CHW:	PNCC: CHW:	PNCC: CHW:
RISK FACTOR	RS INITIAL AS					TA CCTCCM		1 1	<u>"</u>			<u>"</u>	"	
MISK THETOK	INITIAL AS	SESSME	V <i>I</i> :		K	EASSESSMI	ENI	<i>1</i> :			KEASSI	ESSMENT 2:		
ASSI	ESSMENT	(COMMENT	S/TEACH	HING/HAN	IDOUTS	CC	DDES: $X =$	Significa	nt	O = No Problem			
1. PREVIOUS PR	REGNANCY HX						Init	tial HV	F/U		1 st Reassess	Reassess F/U	2 ND Reassess	Reassess F/U
A. Parity / Gravi														
	e (tobacco, alcohol, drug	gs)												
C. STD/HIV														
D. Past pregnanc	•													
E. Weight proble F. Previous depr	ems ression / PP depression	n					+							
G. Maternal Me		П												
2. CURRENT PR														
A. Intendedness	Lorunter	(Did she	e want to be p	regnant soc	oner now la	iter or never)								
	l care appointment	,	nd <i>MONTH</i> (
	care prior to initial				,									
PNCC enroll		□ Y [N											
D. Number of P.	NC visits		per trimeste	r)										
E. Next prenata	al visit (date)													
F. Missed appo	ointments	(Who r	escheduled	missed ap	pt?)									
G. Barriers to o	care													
Reason mis			tion=01 Ch	ildcare=02	Weather=	=03 Forgot=04	Illnes	s=05 Appt. Ho	ours Inconv	ven	ient=06 Job/School	=07 Unknown=99	Other=	
	gnancy Complication	ns												
 Significant b 	leeding													
2. Preterm labor														
	V, UTI, STD, dental												 	
	adache, blurred vision	1											 	
	last visit/ER visit						-							
6. Fetal movem	ent						_						<u> </u>	1
I. STD/HIV							-							
J. Douching			- 0	.•	. 1.2		1.0	D .	1 1					
			Inforr	nation requ	uired for M	Iedicaid Prenata	I Out	come Report is	s bolded a	ınd	ıtalıcızed			

K. SURYANCE USE 2. ALCOHOLORUS 3. HIJEOTRUS 4. Prescription/OTC drugs 4. Prescription/OTC drugs 4. WEIGHT PISH SINT (of in pounds) (Prepregnancy wt) N. Collural practices in pregnancy O. Allergias P. Mental Hosh (filness) 3. NUTRITION STATUS A. Appetite B. Diet (24 hour recall) Freedom's What Lanch: W N What Supper: W N What Supper: W N What Lanch: W N What Supper: W N What Supper: W N What Lanch: W N What Supper: W N What Supper: W N What Lanch: W N What Supper: W N What Supper: W N What Lanch: W N What Supper: W		COMMENTS/TEACHING/HANDOUTS	Initial HV	F/U	1 st Reassess			Reassess F/II
1. TOBACCO (AMT)	ASSESSMENT V. SUBSTANCE USE	COMMENTS/TEACHING/HANDOUTS	IIIIIIII II V	1/0	1 Reassess	110035035 170	2 Reassess	110055055 170
2. ALCOHOLORIGS				1				
3. HIGH DRUGS 4. Prescription OIC datugs 5. Prescription OIC datugs 7. Cultreal practices in pregnancy 8. Cultreal practices in pregnancy 9. Cultreal practices in pregnancy 9. Cultreal practices in pregnancy 9. Adequate State 9. Moral Bealth (filters) 9. North Carlot								
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P. Mental health (illness)	N. Cultural practices in pregnancy							
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A. Appetite	P. Mental health (illness)							
B. Dict (24 hour recall)	3. NUTRITION STATUS							
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Lunch: Y N What Supper: Supp	B. Diet (24 hour recall)							
Supper: Y N What Nate	Breakfast Y N What							
Sancks Y N What	Lunch: Y N What							
C. Glasses of water D. Adequate Food Supply E. Frenatal vitamins / folic acid / iron F. Mineral-Herb Supplements G. On WIC (picking up vouchers?) H. On WIC prior to PNCC contact? H. PICA 4. HOME ENVIRONMENT A. Language Spoken in home B. Housing: Adequacy Safety # in household / adequate space Cleanlines (roaches, vermin) Utilities / stove / refrigerator C. Safety: smoke detectors / guns D. Neighbordoed environment / safety E. Plans to move? Where F. Moves Enguently > 3 times in 12 mo. S. PSYCHOSOCIAL A. Perceived Support Level B. Support Person (who?) C. Relationship with father of baby D. Domestic Violence E. Employment F. Inadeg, Income to meet basic need G. Job Hazards H. Perceived health status Vould you say your general health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health and many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons, for how many days during the past 30 days was your mental health montons.	Supper: N What							
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many days during the past 30 days was your mental health not good?	I. Perceived mental health status	Now thinking about your mental health, which includes						
not good?		stress, depression, and problems with emotions, for how						
	J. Perceived Stress Level	1-none, 2-some, 3-moderate, 4-high, 5-very high		1			<u> </u>	

			ADDITI	ONAL NOT	ES		
Initial As	sessment Home Visit:						
Initial As	sessment F/U:						
	and m						
Keassessi	nent 2 nd Trimester						
Reassessr	nent 2 nd Trimester F/U						
	ph						
Reassessr	nent 3 RD Trimester						
Reassessr	nent 3 rd Trimester F/U						
2104550552	111110011170						
REFERR	ALS						
Date	Referral	Date	Referral	Date	Referral	Date	Referral
	Adoption		Family Support/ parenting		Nutritionist / EFNEP		Smoking Cessation
	Alcohol / Drug Abuse Services		Family Planning		Pediatrician		Township trustee
	Adult Education / GED		Food/Clothing/Baby items		Post Partum Care		Transportation
	Child Birth Education		Healthy Families		Prenatal Care		WIC
	DFC / Food Stamps/ TANF		Human Services				WIC
	·	-			Rent / Utility Assistance		
	Domestic Violence Program		Medicaid		Shelter, Homeless/ violence		
-	Employment		Mental Health		Social Services		
EDUCAT	TION TOPICS						
Date	Education Topic	Date	Education Topic	Date	Education Topic	Date	Education Topic
	Breastfeeding		Family Planning		Personal care		Shaken Baby Syndrome
	Community Resources		HIV risks/testing		Prenatal Care early/adequate		Smoking cessation
	Contraceptive methods		Kick Counts		Preterm Labor		STD signs of infection
	Coping Skills		Labor and delivery		Post Partum Depression		Vitamins/ Folic acid / Iron
	Dental health		Lessons learned		Post partum/NB care		Warning signs of pregnancy
	Domestic volence prevent		Normal discomforts		Safe sleep		When to call the doctor
	Drug/alcohol cessation		Nutrition		Seat belt/car seat		
	Immunization/well baby		Prenatal weight gain		Secondhand Smoke		

PARTICIPANT TERMINATION FROM PROGRAM

Client terminated pri	or to Post Partun	n assessment? Y	N Reason terminated	l: Refused Service	Moved Lost to F/U Other						
If client terminated prior to post partum assessment complete the following. Send in the outcome report to the Managed Care Organization at the time of the termination or with the last billing.											
Total Care Coordina	ation Services										
Total Services		ent + 2 reassessments		Initial assessment + 1 reas							
Provided		ent + 2 reassessments	= 03	Initial assessment + 1 reas							
	Initial assessme	ent + outcome = 05		Initial assessment only $= 06$							
Total Number of En	counters By:	Prenatal Care Co	ordinator	Community Health W	/orker						
PNCC/CHW Signa	atures:										
Name			Title		Data of Encounter						

NOTE: All information required for Medicaid Prenatal Outcome Report is highlighted in gray.